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BTXN 127 (rev. 1/14)

FILED

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS

AUG 0 9 2023

In Re: The Levenson Group, Inc. Levenson & Hill, LLC Debtor(s)	\$ \$ \$ \$ \$	Case No.: 18-34105-MVL-7	CLERK, U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS
	§		

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

Comes now the undersigned, to make application for an order directing payment of unclaimed funds now on deposit in the Treasury of the United States. Claimant is a x creditor debtor (check one) in the above captioned bankruptcy case and on whose behalf these funds were deposited.

1.	Name of Claimant(s)	Entravision Communications Corporation DBA - Entravision Solutions
2.	Name and Title of Authorizing Officer or Representative (If Claimant is an individual, skip to Question No. 3)	Christopher T. Young Chief Financial Officer and Treasurer
3.	Current Mailing Address	2425 Olympic Blvd, Suite 6000W, Santa Monica, CA 90404
4.	Telephone Number	310-447-3870
5.	SS# (last 4 digits only) or EIN #	95-4783236
6.	Amount Being Claimed	\$25,697.76

$_{ m I,}$ Christopher T. Young	,do hereby state under penalty of perjury that I am legally
entitled to claim these funds for whom the u	inclaimed funds were deposited into the treasury in the above
	est of my knowledge that all information submitted in support
of this claim is true and correct.	11
Date July 31, 2023	7 day
Claimant Sign	nature Co-Claimant Signature
Subscribed and Sworn to Before Me this	31 day of 5014 2023
LOURDES C. HENRIQUEZ Notary Public - California Los Angeles County Commission # 2412381	Notary Public
My Comm. Expires Aug 7, 2026	In and for the State of California

My commission expires Aug 7

CALIFORNIA ACKNOWLEDGMENT	CIVIL CODE § 1189
	ifies only the identity of the individual who signed the document s, accuracy, or validity of that document.
personally appeared Christopher 7	Here Insert Name and Title of the Officer Towne Young Name(s) of Signer(s)
who proved to me on the basis of satisfactory evidence to the within instrument and acknowledged to me that authorized capacity(ies), and that by his/her/their signature behalf of which the person(s) acted, executed the	ature(s) on the instrument the person(s), or the entity
LOURDES C. HENRIQUEZ Notary Public - California Los Angeles County Commission # 2412381 My Comm. Expires Aug 7, 2026	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.
	Signature of Notary Public
	deter alteration of the document or form to an unintended document.
Document Date: Signer(s) Other Than Named Above:	Number of Pages:
Capacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer – Title(s): Partner – Limited General Individual Attorney in Fact Trustee Guardian or Conservator	Signer's Name: Corporate Officer – Title(s): Partner – □ Limited □ General □ Individual □ Attorney in Fact

Signer is Representing:

Signer is Representing: _

CERTIFICATE OF SERVICE

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing application with all required attachments was mailed to:

Office of the United States Attorney Attn: Unclaimed Funds 1100 Commerce Street, 3rd Floor Dallas, TX 75242

Date: July 31, 2023

Claimant's Signature

Christopher T. Young, Chief Financial Officer

and Treasurer

Instructions for filing the Application for Payment of Unclaimed Funds

The court will only disburse unclaimed funds to the rightful owner upon full proof of the right thereto. Therefore, the following forms and documentation are required:

- 1. An Application for Payment of Unclaimed Funds, include the case name and number.
 - a. If the funds were deposited for joint claimants, both claimants must sign the application.
 - b. The applicant must have legal standing to make the claim. When the owner of record is not the claimant, the signer or claimant requesting release of funds must show proper authority.
- 2. Notice of Service to the US Attorney. (US Attorney's mailing address is on the form)
- 3. Required supporting documentation:
 - 1. A legible copy of a document with former address on it establishing proof of the address of record at the time of the bankruptcy case (a copy of proof of claim, correspondence from the court, tax forms, telephone or water bill, etc.).
 - 2. A photocopy of an official government identification card (i.e. Passport, Military ID, or valid and current driver's license) for each claimant.
 - 3. Form AO213 Vendor Information/TIN Certification.

The following additional documentation is required:

If the claimant(s) is represented by an attorney or a funds locator:

- 1. Proof of identity of the owner of record.
- 2. An original notarized Power of Attorney signed by the claimant on whose behalf the representative is acting.
- 3. Proof of identity of the representative; and
- 4. Documentation sufficient to establish the claimant's entitlement to the funds. (See above)

If claiming on behalf of a deceased party:

- 1. Copy of the death certificate.
- 2. Certified copies of probate documents establishing the representative's right to act on behalf of o the decedent's estate
- 3. Proof of personal identity of the estate administrator.

If the Claimant is a Corporation/Partnership:

- 1. Application must be signed by an agent for and on behalf of the Corporation/Partnership.
- 2. A statement of the signing agent's authority.
- 3. Documentation establishing chain of ownership of the original corporate claimant.
- 4. A photocopy of representative's identification credentials

Purchased or assigned claims:

1. Documentation evidencing the transfer of claim or proof of the purchase/sale of assets.

Mail the **original** application to the following address:

U.S. Bankruptcy Court 1100 Commerce St., Room 1254 Dallas, TX 75242

Applications received which do not comply with the above requirements may be denied by the court.

Claims could take up to 90 days to complete.

Privacy note: Because documents filed with the court are available through the Internet, the court is committed to the protection of personal identification information. The individual applicant's driver's license number should be blacked out for privacy considerations. Also, all but the last four digits of the Social Security number should be blacked out for the same privacy reasons. **Responsibility.** The responsibility for redacting these personal identifiers rests solely with counsel and the parties. The bankruptcy clerk is not responsible for ensuring compliance.

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James W. Cunningham Jim Cunningham & Associates, Inc. 6412 Sondra Drive Dallas Texas 75214-3451 (214) 827-9112

Trustee

To:

IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS DALLAS DIVISION

IN RE:	§	
m	§	
THE LEVENSON GROUP, INC.	§	CASE No. 18-34105-MVL-7
LEVENSON & HILL, LLC	§	(SUBSTANTIVELY CONSOLIDATED)
	§	•
DEBTORS	§	

NOTICE BY CHAPTER 7 TRUSTEE TO DEPOSIT UNCLAIMED FUNDS - CLAIM #LH 104, ENTRAVISION COMMUNICATIONS CORPORATION

Transmitted herewith is a check for deposit into the Court's unclaimed funds registry as unclaimed property for the above referenced chapter 7 case. I hereby certify that a period of ninety days has elapsed since the issuance of these funds and the disbursement check has not been negotiated or returned.

Name of payee on unclaimed check:

Amount

Entravision Communications Corporation DBA - Entravision Solutions 5700 Wilshire Blvd., Ste 250 Los Angeles, CA 90036

\$ 25,697.76

Jack W. Cunningham, Trikiee



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General Instructions

Purpose of the AO 213P: The Judiciary utilizes the AO 213P to collect information necessary to facilitate payment. For many payments, the Judiciary is required to file an information return (e.g., 1099-MISC; 1099-NEC; 1099-INT) with the IRS and, therefore, must obtain payees' correct names and associated TINs to do so. If a TIN is not provided, a payee may be subject to backup withholding – situations where the Judiciary must withhold a certain percentage to ensure the IRS receives any tax due on the payment.

Payments disbursed by the Treasury on the Judiciary's behalf must collect payee TINs to comply with the Treasury's TIN Policy.

Payee TINs, obtained through this form, may be used by the government to collect and report on any delinquent amounts arising out of the payee's relationship with the government.

**Type of Payee: Select the option from the Payee Type drop down menu that most accurately reflects current business operations or type of individual requesting payment from the Judiciary.

The following are the available choices for this drop down menu:

- Business Entity
- Other
- · Refund Recipient
- · Unclaimed Fund Claimant
- Unclaimed Funds Trustee
- **Refund recipient only. Is the refund over \$200? drop down menu:
 - Yes
 - No

Part 1, Line 1

Do not leave this line blank. Enter only one name for you or your entity. The name should match the name on your or your entity's U.S. tax return.

Name or Entity Instructions	
Individual	Enter the name shown on your U.S. tax return. If you have changed your last name without informing the Social Security Administration of the name change, enter your first name, the last name as shown on your social security card, and your new last name. For Individual Taxpayer Identification Number (ITIN) applicants, enter your name as it was entered on your IRS Form W-7 application, line 1a.
Sole proprietor or Single member LLC	Enter the name shown on IRS 1040/1040A/1040EZ. You may enter your business name or "doing business as" (DBA) name in Part 2, as applicable.
Partnership, LLCs, or Corporations (except Single-member LLCs)	Enter entity name as shown on the entity's U.S. tax return in Part 1. You may enter your business name or "doing business as" (DBA) name in Part 2, as applicable.
Other entities (e.g., trusts, non-profit entities, government agencies)	Enter entity name in Part 1 as shown on required U.S. tax documents which matches the entity shown on the charter or legal document creating the entity, as applicable.

Part 1, Line 2

If this form is being completed so that a Treasury check may be issued payable to more than one person or entity, or if an EFT payment will be issued to an account owned jointly, enter in Part 1, Line 1 the name of the person or entity whose TIN you entered in Part 3. Additional names (e.g., "and" or "or") or additional information for U.S. Treasury check payments (e.g., "care of") must be entered in Part 1, Line 2.

If payments is to be made by	Then, enter the following
EFT to Payee 1 AND Payee 2, co-owners of a joint account	Payee 1's name in Part 1, Line 1;
	Payee 2's name in Part 1, Line 2;
	Payee 1's TIN in Part 3.
A Treasury check made payable to Payee 1, Payee 2, AND Payee 3	Payee 1's name in Part 1, Line 1;
	Payee 2's name AND Payee 3's name in Part 1, Line 2;
	Payee 1's TIN in Part 3.
A Treasury check made payable to Payee 1, Payee 2 OR Payee 3	Payee 1's name in Part 1, Line 1;
	Payee 2's name OR Payee 3's name in Part 1, Line 2;
	Payee 1's TIN in Part 3.
A Treasury check made payable to Payee 1, CARE OF (c/o) Power of	Payee 1's name in Part 1, Line 1;
Attorney	C/O Power of Attorney name in Part 1, Line 2;
	Payee 1's TIN in Part 3.

Part 2

If you have a business or DBA name, you may enter it in Part 2.

Part 3

Enter your or your entity's TIN in the appropriate box. The TIN must be the TIN associated with person or entity listed in Part 1, Line 1. If you are not a resident alien and do not have - and are not eligible to get - an SSN, your TIN is your ITIN. Enter it in the social security number box. If you are a sole proprietor and have an EIN, you may enter either your SSN or EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

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Part 4

**U.S Tax Classification: Select the appropriate box in Part 4 for the U.S. tax classification of the person or the entity's whose name is entered in Part 1. The following are the available choices for this drop down menu:

- Individual
- C Corporation
- S Corporation
- Single member LLC
- Government Entity (fed, state, local)
- LLC C Corp
- LLC S Corp
- LLC Partnership
- Partnership
- Trust/Estate
- Non-Profit Organization
- Attorney or Law Firm (including LLCs and corporations)

Part 5

Enter your address (number, street, and apartment or suite number). This is where your paper Treasury check and any information returns (e.g., 1099-MISC; 1099-NEC; 1099-INT), if applicable, will be mailed. A point-of-contact (POC), email, and phone number may be entered, if desired. A POC must be entered should the POC differ from the entity or individual in Part 1, Line 1.

Part 6

The Routing Number must be nine digits. If you are unsure of your banking information, consult your financial institution.

**Account Type: You must identify your account as either checking or savings to ensure our payment is accepted by your financial institution. The following are the available choices for this drop down menu:

- Checking
- Savings

Part 7

You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

For item 3, you are considered a U.S. person, for federal tax purposes, if you are:

- · An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in, or under the laws
 of, the United States;
- · An estate (other than a foreign estate); or
- A domestic trust (as defined in 26 CFR 301.7701-7).

For a joint account EFT payment or a joint payment by a Treasury check, only the person whose TIN is shown in Part 3 should sign.